X-Ray Fee Schedule
Provider Specialty 093

CODE	MOD	Description	Medicaid Maximum Allowable FACILITY	Medicaid Maximum Allowable NON-FACILITY	EFFECTIVE DATE
70250	TC	RADIOLOGIC EXAM SKULL	$ 18.42	$ 18.42	9/1/2010
71010	TC	RADIOLOGIC EXAM, CHEST	$ 11.48	$ 11.48	9/1/2010
71020	TC	RADILOGICAL EXAM CHEST TWO VIEWS FRONTAL/LATERAL	$ 15.86	$ 15.86	9/1/2010
71100	TC	RADIOLOGIC EXAM, RIBS	$ 16.43	$ 16.43	9/1/2010
71101	TC	RADIOLOGIC EXAM RIBS /POSTEROANTERIOR CHEST	$ 19.84	$ 19.84	9/1/2010
71110	TC	RADIOLOGIC EXAM, RIBS BILATERAL	$ 20.89	$ 20.89	9/1/2010
71111	TC	RADIOLOGIC EXAM INCLUDING POSTEROANTERIOR	$ 27.63	$ 27.63	9/1/2010
72020	TC	RADIOLOGIC EXAM SPINE /SPECIFY LEVEL	$ 12.06	$ 12.06	9/1/2010
72040	TC	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	$ 19.56	$ 19.56	9/1/2010
72070	TC	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	$ 17.28	$ 17.28	9/1/2010
72100	TC	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	$ 20.98	$ 20.98	9/1/2010
72170	TC	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	$ 13.20	$ 13.20	9/1/2010
72220	TC	SACRUM AND COCCYX	$ 15.86	$ 15.86	9/1/2010
73000	TC	RADIOLOGIC EXAM CLAVICLE, COMPLETE	$ 14.61	$ 14.61	9/1/2010
73030	TC	RADIOLOGIC EXAM SHOULDER COMPLETE	$ 15.58	$ 15.58	9/1/2010
73060	TC	RADIOLOGIC EXAM HUMERUS	$ 15.58	$ 15.58	9/1/2010
73070	TC	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	$ 14.61	$ 14.61	9/1/2010
73080	TC	RADILOGIC EXAM ELBOW, COMPLETE	$ 19.56	$ 19.56	9/1/2010
73090	TC	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	$ 14.61	$ 14.61	9/1/2010
73100	TC	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	$ 15.19	$ 15.19	9/1/2010
73110	TC	RADIOLOGIC EXAM WRIST, COMPLETE	$ 19.17	$ 19.17	9/1/2010
73120	TC	RADIOLOGIC EXAM, HAND	$ 14.32	$ 14.32	9/1/2010
73130	TC	RADIOLOGIC EXAM HAND MIN/3 VIEWS	$ 16.90	$ 16.90	9/1/2010
73140	TC	RADIOLOGIC EXAM FINGER(S)	$ 16.61	$ 16.61	9/1/2010
73500	TC	RADIOLOGIC EXAM HIP	$ 12.62	$ 12.62	9/1/2010
73510	TC	RADIOLOGIC EXAM, HIP	$ 19.56	$ 19.56	9/1/2010
73520	TC	RADILOGIC EXAM HIP BILATERAL	$ 20.12	$ 20.12	9/1/2010
73550	TC	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	$ 15.01	$ 15.01	9/1/2010
73560	TC	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	$ 14.91	$ 14.91	9/1/2010
73562	TC	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	$ 18.70	$ 18.70	9/1/2010
73564	TC	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	$ 21.56	$ 21.56	9/1/2010
73590	TC	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	$ 14.05	$ 14.05	9/1/2010
73600	TC	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	$ 14.32	$ 14.32	9/1/2010
73610	TC	RADIOLOGIC EXAM COMPLETE	$ 16.90	$ 16.90	9/1/2010
73620	TC	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	$ 13.76	$ 13.76	9/1/2010
73630	TC	RADIOLOGIC EXAM FOOT COMPLETE	$ 16.61	$ 16.61	9/1/2010
74000	TC	RADIOLOGIC EXAM ABDOMEN	$ 12.62	$ 12.62	9/1/2010
74010	TC	RADIOLOGIC EXAM ABDOMEN ANTEROPOSTERIOR/ OBLIQUE	$ 19.84	$ 19.84	9/1/2010
74020	TC	RADIOLOGIC EXAM ABDOMEN, COMPLETE	$ 20.12	$ 20.12	9/1/2010
74022	TC	RAD EXAM ABDOMEN. COMPLETE ABDOMEN SERIES	$ 24.58	$ 24.58	9/1/2010
76536	TC	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID),	$ 63.88	$ 63.88	9/1/2010
76645	TC	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), B-SCAN AND/OR REAL TIME WITH	$ 49.26	$ 49.26	9/1/2010
76700	TC	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	$ 73.85	$ 73.85	9/1/2010
76705	TC	ECHOG, ABD, B-SCAN &/OR REAL TIME W/ IMG DOCUMNTN	$ 56.75	$ 56.75	9/1/2010
76770	TC	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME	$ 72.14	$ 72.14	9/1/2010
76775	TC	ECHOG,RETROPRTNL,B-SCAN&/OR REL TM W/IMG DOC; LMTD	$ 63.02	$ 63.02	9/1/2010
76805	TC	ULTRASOUND, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	$ 74.61	$ 74.61	9/1/2010
76811	TC	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	$ 85.78	$ 85.78	9/1/2010
76830	TC	ULTRASOUND, TRANSVAGINAL	$ 65.97	$ 65.97	9/1/2010
76856		ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	$ 95.18	$ 95.18	9/1/2010
76856	TC	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	$ 66.25	$ 66.25	9/1/2010
76857	TC	ECHO, PELV (NON-OB) B-SCAN&/OR REL TM W/IMG D;LTD/	$ 62.62	$ 62.62	9/1/2010
76870	TC	ULTRASOUND, SCROTUM AND CONTENTS	$ 67.10	$ 67.10	9/1/2010
76880	TC	ULTRASOUND, EXTREMITY, NON-VASCULAR, B-SCAN AND/OR REAL TIME WITH IMAGE	$ 74.39	$ 74.39	9/1/2010
77051	TC	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	$ 7.02	$ 7.02	9/1/2010
77052	TC	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	$ 7.02	$ 7.02	9/1/2010
93304		TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR	$ 106.80	$ 106.80	9/1/2010
93307		ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH	$ 139.49	$ 139.49	9/1/2010
93307	TC	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH	$ 98.38	$ 98.38	9/1/2010
93320		DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL	$ 61.46	$ 61.46	9/1/2010
93320	TC	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL	$ 44.44	$ 44.44	9/1/2010
93325		DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN	$ 40.87	$ 40.87	9/1/2010
93325	TC	DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN	$ 37.66	$ 37.66	9/1/2010
93880	TC	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMP BIL STY	$ 168.43	$ 168.43	9/1/2010
93922	TC	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	$ 83.91	$ 83.91	9/1/2010
93925	TC	DUPLEX SCAN LOWER EXTREM. ARTERIES; BILAT, COMPLET	$ 216.80	$ 216.80	9/1/2010
93965	TC	NON-INVASIVE PHYSIOLOGIC STUDIES OF EXTREMITY VEINS, COMPLETE BILATERAL STUDY	$ 82.01	$ 82.01	9/1/2010
93970	TC	DUPLEX SCAN OF EXTREMITY VEINS, COMP. BILAT. STUDY	$ 169.12	$ 169.12	9/1/2010
93971	TC	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	$ 111.97	$ 111.97	9/1/2010
93978	TC	DUPLEX SCAN COMPLETE; AORTA,VENA CAVA,ILIAC VASC.	$ 158.58	$ 158.58	9/1/2010
95851	26	RANGE OF MOTION EVALUATION	$ 4.91	$ 10.54	9/1/2010
A9500		TECHNETIUM TC-99M SESTAMIBI, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES	$ 117.99	$ 117.99	9/1/2010
G0202	TC	SCREENING. MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE BILATERAL ALL VIEWS	$ 74.20	$ 74.20	9/1/2010
G0204	TC	DIAGNOSTIC, MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	$ 85.58	$ 85.58	9/1/2010
G0206	TC	DIAGNOSTIC, MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, UNILATERAL, ALL VIEWS	$ 67.47	$ 67.47	9/1/2010
R0070		PORTABLE X-RAY ONE PATIENT SEEN PER TRIP.	$ 92.67	$ 92.67	9/1/2010
R0075		PORTABLE X-RAY MORE THAN ONE PATIENT SEEN PER TRIP	$ 90.86	$ 90.86	9/1/2010

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Providers should always bill their usual and customary charges. Please use the monthly NC Medicaid Bulletins for additions, changes, and deletion to this schedule.